



Utah Interpreter Program

Application for Written and/or Performance Testing

Please Print!

Name Last First M.I. Date

New Address? Y N

Address

City State Zip Code

() Phone (home)

() Phone (work)

Occupation: Employer:

/ / Date of Birth* Social Security Number* E-mail address

Male Female
(please circle)

***PLEASE NOTE: This information is kept strictly confidential, and is used for testing identification only!**

Applying for (please check all that apply):

UIP Testing

- ☐ **Written Exam**
Testing Date _____
- ☐ **Novice Level**
- ☐ **Intermediate Level** ☐ **Master Level**
Testing Date _____

Other Testing

- ☐ **Cued Language Written Exam**
Testing Date _____
- ☐ **Cued Language Performance**
Testing Date _____

Registration & Cancellation Policy*

Please read carefully!

- Application with proper payment must be received **three (3) weeks prior to testing date** (refer to testing schedule).
- No special consideration can be given for testing appointments. These appointments are scheduled by the type of test and time available, on a first-come, first-served basis. **Performance Testing appointments are limited.**
- **CANCELLATION FEES:** Canceling your scheduled test appointment will result in the assessment of the following penalty:
 - Canceling two (2) weeks prior to certification testing.25% of testing fee
 - Canceling one (1) week prior to certification testing.50% of testing fee
 - Canceling less than 72 hours prior to testing, or a "no show".100% of testing fee

Performance
Testing Paid

* I have read and understand the Registration
& Cancellation Policy, as outlined above.

Applicant initials

Written Exam Paid

Office Use Only

PLEASE COMPLETE REVERSE SIDE

Office Use Only

APPLICATION FOR INTERPRETER CERTIFICATION TESTING

1. With which sign systems are you fluent? (Check all that apply)
- ___ American Sign Language ___ Pidgin Signed English
___ Signed English ___ Signing Exact English
2. Education: highest grade completed 11 12 13 14 15 16 17
3. Are you an Interpreter Training Program graduate? Yes___ Year_____ No___
4. Location of ITP program _____
5. How did you learn to interpret/transliterate, other than an Interpreter Training Program?

6. How many years experience do you have as an interpreter? _____ (Attach resume if needed)
7. Do you hold a State Certification? Yes___ No___
State where certified _____ Which certificate? _____ Year _____
8. Do you hold RID, NAD, EIPA or other certification? (circle or indicate) _____
Year _____ Type/Score _____ None _____
9. Have you passed the State of Utah Written Exam? NO___ YES___ Date _____
10. Have you ever taken the UTAH Performance Test? NO___ YES___ Date _____
11. Have you ever been convicted of a felony? NO___ YES___ Date _____
12. Name the type of interpreting in which you have gained the majority of your experience:

13. References (please include at least one Deaf):
- | Name | Address | Telephone |
|-------|---------|-----------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

***All of the information included on this application is true and correct
to the best of my knowledge.***

Signature

Date

Make checks payable to:

Utah Interpreter Program

5709 South 1500 West / Taylorsville UT 84123-5217

801.263.4860 / 800.860.4860 (In Utah)

www.aslterps.utah.gov

June 2003